

ISSUE SLIP STAPLE AREA (for additional cross references)

1C872 U.S. PTO
09/818344

TC 943

AP

TITLE

INT

4

T
subs
has b

□
not a
of U.

1

WARN
The in
Posse

Form PT
(Rev. 6/9)

Form PTO
(Rev. 6/99)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	HL		3-29-01
O.I.P.E. CLASSIFIER		20	7/21
FORMALITY REVIEW	A-S	943	5-3-1
RESPONSE FORMALITY REVIEW	ME	907	10-5-01

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
— (Through numeral)	Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date
Final	Original
1	20/1/1/2 2/1/2
2	N
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	N
27	Y
28	
29	
30	
31	
32	
33	
34	
35	
36	N
37	Y
38	
39	
40	
41	
42	
43	
44	
45	
46	
47	
48	
49	
50	

Claim		Date
Final	Original	
51		
52		
53		
54		
55		
56		
57		
58		
59		
60		
61		
62		
63		
64		
65		
66		
67		
68		
69		
70		
71		
72		
73		
74		
75		
76		
77		
78		
79		
80		
81		
82		
83		
84		
85		
86		
87		
88		
89		
90		
91		
92		
93		
94		
95		
96		
97		
98		
99		
100		

Claim		Date		
Final Original				
101				
102				
103				
104				
105				
106				
107				
108				
109				
110				
111				
112				
113				
114				
115				
116				
117				
118				
119				
120				
121				
122				
123				
124				
125				
126				
127				
128				
129				
130				
131				
132				
133				
134				
135				
136				
137				
138				
139				

If more than 150 claims or
staple additional sheet

(LEFT INSIDE)

BEST AVAILABLE COPY